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Bib Data Sheet

CONFIRMATION NO. 5924

499

<b>SERIAL NUMBER</b> 09/895,843	<b>FILING DATE</b> 06/29/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 13615.41USU1
<b>APPLICANTS</b> James P. Beck, Kalamazoo, MI; Andrea Gailunas, San Francisco, CA; Roy Hom, San Francisco, CA; Barbara Jagodzinska, Redwood City, CA; Varghese John, San Francisco, CA; Michel Maillard, Redwood Shores, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/215,323 06/30/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/15/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 175
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials:		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> 23552				
<b>TITLE</b> Compounds to treat alzheimer's disease				
<b>FILING FEE RECEIVED</b> 4252	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing.Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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## \*BIBDATASHEET\*

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SERIAL NUMBER 09/895,843	FILING DATE 06/29/2001  RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. 13615.41USU1
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APPLICANTS

James P. Beck, Kalamazoo, MI;  
 Andrea Gailunas, San Francisco, CA;  
 Roy Hom, San Francisco, CA; Barbara Jagodzinska, Redwood City, CA;  
 Varghese John, San Francisco, CA;  
 Michel Maillard, Redwood Shores, CA;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/215,323 06/30/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/15/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 175	INDEPENDENT CLAIMS 5
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE  
 COMPOUNDS TO TREAT ALZHEIMER'S DISEASE

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing )
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